SEP 21 1937

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

2
1

1. PLACE OF DEATH
67 County Mississippi
3 Township Fourth
City Charleston (No. ..... St. ..... Ward)

Registration District No. 566
Primary Registration District No. 3030 Ft.

File No. 31247
Registered No. 155

4 2. FULL NAME Aloysius Frederick Daniel

(a) Residence, No. E. Cypress St., ..... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Daniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7 1885

7. AGE 40 YEARS 52 MONTHS 7 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Mo.

FATHER
13. NAME John W. Daniel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Mary Elizabeth Polwing
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. O. F. Daniel Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I. O. O. F. Cemetery DATE August 19 37

19. UNDERTAKER (ADDRESS) Frank Pace Funeral Service Charleston Mo.

20. FILED Aug 19th, 1937 F. S. Vernon Registrar.

## MEDICAL CERTIFICATE OF DEATH 2:20 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1937, to Aug 17, 1937
I last saw him alive on Aug. 16, 1937. Death is said to have occurred on the date stated above, at 2.20 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probable - Embolism → | 8/17/37 |
| (following Myocarditis + | 6 m. |
| Coronary Thrombosis - + | |
| acute Decompensation → | 6 days |
| Other contributory causes of importance: | |
| Acute Fib. Pleurisy → | 3 days |

Name of operation none Date of
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) W. S. Love, M. D.
(Address) Charleston, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.